

**FIRST UNITED METHODIST PRESCHOOL
101 EAST JEFFERSON STREET
CHARLOTTESVILLE, VA 22902
434-296-6682**

PAIGE LINDBLOM, DIRECTOR

Academic year and class for which you are applying: 20____ - 20____
Class: 2 year-old (Tue.,Thur.) 3 year-old (Mon.,Wed.,Fri.) 4 year-old (Mon.-Fri.)

CHILD MUST BE THE AGE INDICATED BY SEPTEMBER 30 OF THE LISTED ACADEMIC YEAR.

Child's Name: _____ Nickname: _____

Female Male DOB: _____ Home Phone: _____

Home Address: _____

City, State, Zip: _____

Father's Name: _____ Occupation: _____ Bus. Phone: _____

Mother's Name: _____ Occupation: _____ Bus. Phone: _____

Father's Email: _____ Mother's Email: _____

Guardian (if different than above): _____

Siblings

Name: _____ F M Age: _____ Name: _____ F M Age: _____

Name: _____ F M Age: _____ Name: _____ F M Age: _____

Name: _____ F M Age: _____ Name: _____ F M Age: _____

Allergies (foods, insects, etc.): _____

Health issues (asthma, etc.): _____

1. Is the applicant currently enrolled in FUMP? Yes No
2. Is the applicant a sibling of a currently enrolled student who will remain enrolled in the same academic year as the applicant? Yes No
3. Are you a current member of First United Methodist Church or FUMP Board of Directors? Yes No
4. a. Is the applicant a sibling of a previously enrolled FUMP student who will not attend during the same academic year as the applicant? Yes No
b. Is the applicant the grandchild of a current member of First United Methodist Church? Yes No

PLEASE MAIL COMPLETED APPLICATION TO THE ADDRESS ABOVE

I have read and agree to abide by the attached First United Methodist Preschool Policy of Enrollment and Withdrawal.

Parent Signature: _____ Date: _____

A NON-REFUNDABLE ENROLLMENT FEE OF \$50 IS DUE UPON ACCEPTANCE OF ENROLLMENT

FOR OFFICE USE

Date Rec'd _____ Initials: _____ Class: 2 3 4 Category: 1 2 3 4 5 Academic year: 20____/ 20____

